



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

06/30/2009

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000165704

INSTALLATION NAME: AIR FORCE RADAR SITE - GATR SITE FORMER

INSTALLATION ADDRESS : 999 MELCHIONNA RD
MONTAUK, NY 11954


MAILING ADDRESS : 335 YAPHANK AVE
YAPHANK, NY 11780

EPA Form 8700-12/AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437

TO: AIR FORCE RADAR SITE - GATR SITE FORMER
or Current Occupant
ATTN: MARTIN MCMORROW
335 YAPHANK AVE
YAPHANK, NY, 11780

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM														
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report														
2. Site EPA ID Number (page 14)	EPA ID Number <u>NYR1000165704</u> To be determined														
3. Site Name (page 14)	Name: Former Air Force Radar Site (GATR site) End of Melchianna Road, Montauk, NY 11954														
4. Site Location Information (page 14)	Street Address: <u>999 End of Melchianna Road</u> <u>N2 # assigned</u> City, Town, or Village: <u>Montauk</u> State: <u>NY</u> County Name: <u>Suffolk</u> Zip Code: <u>11954</u>														
5. Site Land Type (page 14)	Site Land Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other														
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	<table border="1"> <tr> <td data-bbox="378 1098 941 1176"> A. <u>921190</u> </td> <td data-bbox="950 1098 1550 1176"> B. <u> </u> </td> </tr> <tr> <td data-bbox="378 1182 941 1297"> C. <u> </u> </td> <td data-bbox="950 1182 1550 1297"> D. <u> </u> </td> </tr> </table>			A. <u>921190</u>	B. <u> </u>	C. <u> </u>	D. <u> </u>								
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C. <u> </u>	D. <u> </u>														
7. Site Mailing Address (page 15)	Street or P. O. Box: <u>Att: McMorrow, 335 Yaphank Ave</u> City, Town, or Village: <u>Yaphank</u> State: <u>NY</u> Country: <u>USA</u> Zip Code: <u>11780</u>														
8. Site Contact Person (page 15)	<table border="1"> <tr> <td data-bbox="378 1535 941 1596"> First Name: <u>Martin</u> </td> <td data-bbox="950 1535 1071 1596"> MI: <u>V</u> </td> <td data-bbox="1079 1535 1550 1596"> Last Name: <u>McMorrow</u> </td> </tr> <tr> <td colspan="2" data-bbox="378 1602 1071 1665"> Phone Number: <u>631 852-4391</u> </td> <td data-bbox="1079 1602 1550 1665"> Email address: <u>MARTIN.MCMORROW@CO.SUFFOLK</u> </td> </tr> </table>			First Name: <u>Martin</u>	MI: <u>V</u>	Last Name: <u>McMorrow</u>	Phone Number: <u>631 852-4391</u>		Email address: <u>MARTIN.MCMORROW@CO.SUFFOLK</u>						
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9. Operator and Legal Owner of the Site (pages 15 and 16)	<table border="1"> <tr> <td colspan="2" data-bbox="378 1671 1071 1732"> A. Name of Site's Operator: <u>Suffolk County Parks Dept</u> </td> <td data-bbox="1079 1671 1550 1732"> Date Became Operator (mm/dd/yyyy): <u>01/01/1970</u> </td> </tr> <tr> <td colspan="3" data-bbox="378 1738 1550 1774"> Operator Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="2" data-bbox="378 1780 1071 1858"> B. Name of Site's Legal Owner: <u>Suffolk County, NY</u> </td> <td data-bbox="1079 1780 1550 1858"> Date Became Owner (mm/dd/yyyy): <u>01/01/1970</u> </td> </tr> <tr> <td colspan="3" data-bbox="378 1864 1550 1913"> Owner Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> </table>			A. Name of Site's Operator: <u>Suffolk County Parks Dept</u>		Date Became Operator (mm/dd/yyyy): <u>01/01/1970</u>	Operator Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			B. Name of Site's Legal Owner: <u>Suffolk County, NY</u>		Date Became Owner (mm/dd/yyyy): <u>01/01/1970</u>	Owner Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
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Called 6/17 & 6/18/99 on last date spoke to Mr McMorrow he provided site address (in)

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

F002	D028	D029				

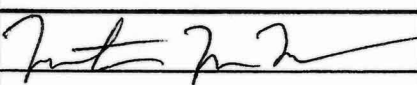
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

N/A						

12. Comments (See instructions on page 21.)

This is a one time event. Sludge and liquids contaminated with trichloroethane, dichloroethane, dichloroethylene and trichloroethylene were found in a septic tank at the site in 2008. The wrong id # was used on the manifest. See attached manifests and report

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Martin Mc Morrow Senior Mechanical Engineer	06/11/2007

**SUFFOLK COUNTY DEPARTMENT
OF PUBLIC WORKS
DIVISION OF DESIGN & CONSTRUCTION
335 YAPHANK AVENUE
YAPHANK, NEW YORK 11980-9744**

LETTER OF TRANSMITTAL

DATE: June 11, 2009

ATTENTION: RCRA Notifications

RE: RCRA ID # for GATR Site

TO: U.S. Environmental Protection Agency

Region 2 DEPP - RPB

290 Broadway, NY 10007-1866

WE ARE SENDING YOU

- ☐ Shop drawings
☐ Specifications

- ☐ Attached
☐ Prints
☐ Copy of letter

- ☐ Under separate cover via _____ the following items:
☐ Plans
☐ Change order
☐ Samples
☐ _____

COPIES	DATE	NO.	DESCRIPTION
1	6/11/09		RCRA ID Application
1	4/1/08		Waste Manifests
1	12/5/07		Waste Report

THESE ARE TRANSMITTED as checked below:

- ☐ For approval
☐ For your use
☐ As requested
☐ For review and comment
☐ FOR BIDS DUE

- ☐ No exceptions taken
☐ Make corrections noted
☐ Rejected
☐ Please sign and return

- ☐ Resubmit ___ copies for approval
☐ Submit ___ copies for distribution
☐ Return ___ corrected prints
☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS If you have any questions, please contact me at 631 852-4391.-

COPY TO

Martin McMorrow, P.E.
Sr. Mechanical Engineer

SIGNED 

Please print or type. (Form designed for use on elite (12-pin) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number NY 0980554189		2. Page 1 of 1	3. Emergency Response Phone 516-768-1765	4. Manifest Tracking Number 004025873 JJK	
		5. Generator's Name and Mailing Address Suffolk County Department of Public Works 335 Yaphank Highway Yaphank, NY 11980 Generator's Phone: (516) 768-1765					
6. Transporter 1 Company Name Eldredge, Inc.						U.S. EPA ID Number PAD014146173	
7. Transporter 2 Company Name						U.S. EPA ID Number	
8. Designated Facility Name and Site Address CycleChem Inc. 550 Industrial Drive Lewisberry, PA 17339 Facility's Phone: (717) 939-4700						U.S. EPA ID Number PAD067090822	
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		1. SO WASTE Environmentally hazardous substances sludge, n.o.s., (Contains Trichloroethylene) 3, UN3082, PGIII, FRG 171	07 CH	DM	2800	P	D040, F001
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information Approval# ***In Case of Emergency call (516) 768-1765*** Drum Size:							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name						Signature Month Day Year	
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____				
	Transporter signature (for exports only):						
DESIGNATED FACILITY	17. Transporter Acknowledgment of Receipt of Materials		Signature Month Day Year				
	Transporter 1 Printed/Typed Name Carl Hone		Signature Month Day Year				
DESIGNATED FACILITY	18. Discrepancy		Manifest Reference Number: _____				
	18a. Discrepancy Indication Space	<input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection	U.S. EPA ID Number				
	18b. Alternate Facility (or Generator)		Facility's Phone: _____				
	18c. Signature of Alternate Facility (or Generator)		Month Day Year				
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)		1. _____ 2. _____ 3. _____ 4. _____				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a		Signature Month Day Year					
Printed/Typed Name							

YORK

ANALYTICAL LABORATORIES, INC.

Technical Report

prepared for:

Fenley & Nicol Environmental
445 Brook Ave.
Deer Park, NY 11729
Attention: David Oloke

Report Date: 12/5/2007

Re: Client Project ID: GATR Site, Montauk Hwy / Job #0720277

York Project No.: 07110820

CT License No. PH-0723

New Jersey License No. CT-005

New York License No. 10854



YORK

ANALYTICAL LABORATORIES, INC.

120 RESEARCH DRIVE STRATFORD, CT 06615
(203) 325-1371 FAX (203) 357-0166**Field Chain-of-Custody Record**

07110820

Page 1 of 1

Company Name Fenley & Nicole 445 Brook Ave Deer Park, NY	Report To: David Oloke	Invoice To: Fenley & Nicole	Project ID/No. GATR site, Montauk Job # 0720277	Samples Collected By (Signature) <i>E. Basso</i>
				Name (Printed) Ed Basso

Sample No.	Location/ID	Date Sampled	Sample Matrix				ANALYSES REQUESTED	Container Description(s)
			Water	Soil	Air	OTHER		
	Septic Tank	11/21/07		X			TCLP EPA 8260 B (SCDH)	1 - 8oz jar

Chain-of-Custody Record

Bottles Relinquished from Lab by	Date/Time	David Oloke	11/26/07	<i>H. Bernard Horton</i>	11-27-07 1:47 PM
Bottles Received in Field by	Date/Time	Sample Relinquished by	Date/Time	Sample Received by	Date/Time
				<i>[Signature]</i>	11/27 4:30
		Sample Relinquished by	Date/Time	Sample Received in LAB by	Date/Time

Comments/Special Instructions

3.0°C

Turn-Around Time

Standard RUSH(define)

Report Date: 12/5/2007
 Client Project ID: GATR Site, Montauk Hwy / Job #0720277
 York Project No.: 07110820

Fenley & Nicol Environmental
 445 Brook Ave.
 Deer Park, NY 11729
 Attention: David Oloke

Purpose and Results

This report contains the analytical data for the sample(s) identified on the attached chain-of-custody received in our laboratory on 11/27/07. The project was identified as your project "GATR Site, Montauk Hwy / Job #0720277".

The analyses were conducted utilizing appropriate EPA, Standard Methods, and ASTM methods as detailed in the data summary tables.

All samples were received in proper condition meeting the NELAC acceptance requirements for environmental samples except those indicated under the Notes section of this report.

All the analyses met the method and laboratory standard operating procedure requirements except as indicated under the Notes section of this report, or as indicated by any data flags, the meaning of which is explained in the attachment to this report, if applicable.

The results of the analyses, which are all reported on an as-received basis unless otherwise noted, are summarized in the following table(s).

Analysis Results

Client Sample ID			Septic Tank	
York Sample ID			07110820-01	
Matrix			SOIL	
Parameter	Method	Units	Results	MDL
TCLP Volatiles, 8260 List	SW846-8260	ug/l.	—	—
1,1,1,2-Tetrachloroethane			Not detected	2500
1,1,1-Trichloroethane			30000	2500
1,1,2,2-Tetrachloroethane			Not detected	2500
1,1,2-Trichloroethane			Not detected	2500
1,1-Dichloroethane			5800	2500
1,1-Dichloroethylene			Not detected	2500
1,1-Dichloropropylene			Not detected	2500
1,2,3-Trichlorobenzene			Not detected	2500
1,2,3-Trichloropropane			Not detected	2500
1,2,3-Trimethylbenzene			Not detected	2500
1,2,4-Trichlorobenzene			Not detected	2500
1,2,4-Trimethylbenzene			Not detected	2500
1,2-Dibromo-3-chloropropane			Not detected	2500
1,2-Dibromoethane			Not detected	2500
1,2-Dichlorobenzene			Not detected	2500
1,2-Dichloroethane			Not detected	2500

YORK

Client Sample ID			Septic Tank	
York Sample ID			07110820-01	
Matrix			SOIL	
Parameter	Method	Units	Results	MDL
1,2-Dichloroethylene (Total)			14000(cis-)	2500
1,2-Dichloropropane			Not detected	2500
1,3,5-Trimethylbenzene			Not detected	2500
1,3-Dichlorobenzene			Not detected	2500
1,3-Dichloropropane			Not detected	2500
1,4-Dichlorobenzene			Not detected	2500
1-Chlorohexane			Not detected	2500
2,2-Dichloropropane			Not detected	2500
2-Chlorotoluene			Not detected	2500
4-Chlorotoluene			Not detected	2500
Benzene			Not detected	2500
Bromobenzene			Not detected	2500
Bromochloromethane			Not detected	2500
Bromodichloromethane			Not detected	2500
Bromoform			Not detected	2500
Bromomethane			Not detected	2500
Carbon tetrachloride			Not detected	2500
Chlorobenzene			Not detected	2500
Chloroethane			Not detected	2500
Chloroform			Not detected	2500
Chloromethane			Not detected	2500
cis-1,3-Dichloropropylene			Not detected	2500
Dibromochloromethane			Not detected	2500
Dibromomethane			Not detected	2500
Dichlorodifluoromethane			Not detected	2500
Ethylbenzene			Not detected	2500
Hexachlorobutadiene			Not detected	2500
Isopropylbenzene			Not detected	2500
Methylene chloride			Not detected	2500
MIBK			Not detected	2500
Naphthalene			Not detected	2500
n-Butylbenzene			Not detected	2500
n-Propylbenzene			Not detected	2500
o-Xylene			Not detected	2500
p- & m-Xylenes			Not detected	2500
p-Isopropyltoluene			Not detected	2500
sec-Butylbenzene			Not detected	2500
Styrene			Not detected	2500
tert-Butylbenzene			Not detected	2500
Tetrachloroethylene			Not detected	2500
Toluene			Not detected	2500
trans-1,3-Dichloropropylene			Not detected	2500
Trichloroethylene			210000	2500
Trichlorofluoromethane			Not detected	2500
Vinyl chloride			Not detected	2500

Units Key:

For Waters/Liquids: mg/L = ppm ; ug/L = ppb

For Soils/Solids: mg/kg = ppm ; ug/kg = ppb

YORK

Report Date: 12/5/2007
Client Project ID: GATR Site, Montauk Hwy / Job #0720277
York Project No.: 07110820

Notes for York Project No. 07110820

1. The MDL (Minimum Detectable Limit) reported is adjusted for any dilution necessary due to the levels of target and/or non-target analytes and matrix interference. This MDL is the REPORTING LIMIT and is based upon the lowest standard utilized for calibration where applicable.
2. Samples are retained for a period of thirty days after submittal of report, unless other arrangements are made.
3. York's liability for the above data is limited to the dollar value paid to York for the referenced project.
4. This report shall not be reproduced without the written approval of York Analytical Laboratories, Inc.
5. All samples were received in proper condition for analysis with proper documentation.
6. All analyses conducted met method or Laboratory SOP requirements.
7. It is noted that no analyses reported herein were subcontracted to another laboratory.

Approved By: 

Robert Q. Bradley
Managing Director

Date: 12/5/2007

YORK